

# Foster Family Home - Corrective Action Report

Provider ID: 1-509466

Home Name: Vicenta Domingo, CNA

Review ID: 1-509466-5

94-1120 Lumikula Street

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 4/29/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1)  
Home inspection completed for a 2 person CCFFH recertification.

-Home is in compliance with all requirements. Home will receive a 2 bed certification

Compliance Manager

Primary Care Giver

Date

Date